

The NYCPD Verrazano 10-13 Memorial High School & College 2015 Scholarship Award Application

APPLICATION

The application is available in this newsletter (see below) or may be obtained online www.vz1013.com or by contacting our office (347) 216 5215. It must be completed on the provided application form (see below) or it can be duplicated. Non-conforming applications will be discarded.

SPONSOR

Applicants must be sponsored by a member of the NYCPD Verrazano 10-13 Association in good standing for the past three (3) consecutive years. A Sponsor may submit multiple applications for different children. However, a sponsor is limited to only one scholarship award selection every three (3) consecutive yearly drawings.

ELIGIBILITY

A son, daughter or grandchild of a member is eligible for a scholarship and must be attending or enrolled in a College or University on a full-time basis (taking at least 12 credits) for the 2015 school year. Each child can only win once, but a member can sponsor another child after waiting three (3) years. High School students must be attending a tuition-paying school.

ONLY ONE ENTRY PER APPLICANT

Only one application per applicant is permitted. If more than one application is received for the same applicant, all but one application for that applicant will be discarded.

VERIFICATION OF ATTENDANCE

Applicants must be attending the education facility during the application year. Proof of enrollment must accompany the application.

NUMBER OF SCHOLARSHIPS AWARDED

For the 2015 school year, three (3) College scholarships and one (1) High School scholarship will be awarded in the amount of \$500.00 each.

SCHOLARSHIP DRAWINGS

Drawings will be on a lottery basis in order to give each applicant an equal chance for selection. Scholarship awards will be drawn by the Scholarship Committee at the NYCPD Verrazano 10-13 Association holiday meeting in December. They will be drawn in full view of the members present (Alternate drawing date is the January general meeting). All applications must be received prior to the drawing date. *NO APPLICATIONS WILL BE ACCEPTED ON THE DAY OF THE DRAWING.*

-----Cut along dotted line-----

NYCPD VERRAZANO 10-13 ASSOCIATION – 2015 SCHOLARSHIP APPLICATION



(PLEASE PRINT)

SPONSORING MEMBER OF THE NYCPD VERRAZANO 10-13 ASSOCIATION

Last Name: _____ First Name: _____ MI: ____ Home Phone: () _____
Address: _____ City: _____ State: ____ Zip _____ Year Joined Org: _____

APPLICANT

Last Name: _____ First Name: _____ MI: ____ Home Phone: () _____
Address: _____ City: _____ State: ____ Zip _____ Date of Birth: _____
Cell Phone: () _____ Email: _____ Relationship to Sponsor: _____
School Attending: _____ Date: _____ Give a brief statement about your
Community Involvement: _____

MAIL APPLICATION TO: NYCPD Verrazano 1013 Association, Scholarship Committee, PO Box 061725, Staten Island, NY 10306